

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-041478

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 4

Primary Registration District No. _____

Registrar's No. 111

FILED NOV 20 1962

| | | | |
|---|----------------------------------|--|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Atchison</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Polk Twp.</u> | | c. CITY OR TOWN <u>Rock Port.</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>none</u> | | d. STREET ADDRESS (If outside, give location) <u>Polk Twp.</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Mathias</u> Last <u>Hartman</u> | | 4. DATE OF DEATH Month <u>11</u> Day <u>14</u> Year <u>1962</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>9-18-1900</u> |
| 9. AGE (last birthday) <u>62</u> | | 10. IF UNDER 1 YEAR IF UNDER 24 HR. Months <u>1</u> Days <u>26</u> Hours <u> </u> Min. <u> </u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u> | |
| 11. BIRTHPLACE (City and state or country) <u>Atchison County Mo. US</u> | | 12. CITIZEN OF WHAT COUNTRY <u>US</u> | |
| 13a. FATHER'S NAME <u>Henry Hartman</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elisabeth Weisenberger</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Pauline</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | |
| 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT <u>Mrs Pauline Hartman Rock Port. Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed Skull</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>TRACTOR TURNED OVER</u> | | 20c. TIME OF INJURY Hour <u>9:00</u> a.m. <u>pm</u> Month, Day, Year <u>11 14 62</u> | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>8 mi N.E. Rock Port</u> | |
| 20f. CITY, TOWN, OR LOCATION <u>Rock Port</u> | | 20g. COUNTY <u>Atchison</u> | |
| 20h. STATE <u>Mo.</u> | | 21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE <u>J. Gallup</u> | | 22b. ADDRESS <u>Rock Port, Mo</u> | |
| 22c. DATE SIGNED <u>11-14-62</u> | | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 23b. DATE <u>11-17-1962</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Smith Cemetery</u> | |
| 23d. LOCATION (City, town, or county) <u>Rock Port, Mo.</u> | | 24. FUNERAL DIRECTOR <u>Bartholomew Mortuary, Rock Port. Mo.</u> | |
| 25. DATE RECD. BY LOCAL REG. <u>Nov. 16, 1962</u> | | 26. REGISTRAR'S SIGNATURE <u>Harwin H. Scholes</u> | |

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

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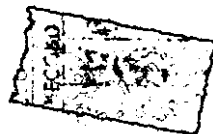
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NOV 27 1962

MAR 5 1963
DEC 26 1962



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Grady Bartholomew

Licensed Embalmer No. 3173

P. O. Address Rock Port. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.